

S. No. 2
A-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35640

Registration District No. 317

Primary Registration District No. 6076

State File No. 0

Registrar's No. 2443

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent's Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months 7 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Miss Virginia Bland

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 25, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 1 6 _____ hr. _____ min.

9. Birthplace Webster Groves, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Convention Reporter

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Bland
13. Birthplace St. Alban's, Vermont 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary M. O'Connor
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Helen M. Bland

(b) Address 6157 Kingsbury Place

17. (a) entombment (b) Date thereof 11/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) NOV 2-1943 (b) E. G. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6157 Kingsbury Place
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1943 hour 9:50 minute _____ M.

21. I hereby certify that I attended the deceased from
May 24, 1943 to Oct. 31, 1943
that I last saw her alive on Oct. 31 '43
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure,
Pulmonary edema, generalized
anasarca Duration 5 months

Due to Myocarditic 7 days

Due to Coronary thrombosis

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. B. Lytton (M. D. or other) _____
Address St. Vincent's Sanitarium Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.